VEHICLE USAGE JUSTIFICATION

STD. 276 (REV. 10-96)

RETAIN COMPLETED FORM IN-HOUSE FOR	VEHICLE LICENSE		REPORTING PERIOD	
REFERENCE AND AUDIT UPON DEMAND				
	MILEAGE FOR REPORTING PERIOD		PERCENTAGE OF USE BY PRIMARY OPERATOR	
TO BE COMPLETED FOR ALL VEHICLES NOT IN COMPLIANCE WITH SECTION 4106 OF THE STATE ADMINISTRATIVE MANUAL. Attach copies of Monthly Travel Logs (Form STD. 273) for period covered	NUMBER OF WORKDAYS VEHICLE AVAILABLE	NUMBER OF V		PERCENT OF AVAILABLE DAYS
DEPARTMENT	PRIMARY OPERATOR'S NAME			
DIVISION	TITLE			
OPERATOR'S HEADQUARTERS ADDRESS	HOME ADDRESS			
NATURE	OF USAGE			
What is the justification for vehicle being primarily assigned to this operator? Describer operator's	duties as they relate to the use of this v	vehicle.		
				
Are other means available to meet this need?				
NO YES If yes, why are the other means of transportation not utility	zed?			
DEPARTMEN	NTAL ACTION			
Departmental Pool General Services Pool	To different primary assignm	nent which will bet	ter utilize vehicl	e
Other				
SUBMITTED BY PRINT OR TYPE NAME	TELEPHONE NUMBER			DATE
TAINT ON THE IVAIVIL	TEEL HONE INDIVIDER			DAIL
PRINT OR TYPE NAME	DATE			